

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 06/20/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/23/2005						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	1077	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	543	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	266	2098	2198	100
		8931	204	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404904	WESTERN HIGHLAN DS LME	8505	2402	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	491	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	3389	3580	191
		8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	4948	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	309	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	5881	6046	163
		8800	287	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	1310	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	169	1712	2712	1000
		8931	140	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	3737	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	1194	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	344	6214	8135	1921
		21	280	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA VIOAL HEAL	8505	697	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	464	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	1460	3904	2444
		8329	154	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404917	CENTERPOINT HUM AN SERVICES	8505	5356	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1947	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1497	10942	11005	63
		8931	887	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404918	ROCKINGHAM CO M ENTAL HEALT	8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	71	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	81	357	1041	684
		191	56	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	304	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	220	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	809	8373	7564
		10	61	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404920	ALAMANCE CASWEL L AREA MH D	8599	2232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	1227	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	4517	6072	1555
		21	677	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	1288	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	777	DUPLICATE OF CLAIM-SYSTEM	38	2870	4170	1125
		8800	420	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404922	THE DURHAM CENT ER	8505	3404	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1839	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6541	11356	4757
		8518	385	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404923	VGFW AREA AUTHO RITY	8505	2114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	152	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2364	2601	237
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	8171	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	767	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	60	9633	9926	293
		8599	258	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	6503	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	1600	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2826	14073	14515	442
		143	1239	CLIENT ID NUMBER NOT ON STATE				

				ELIGIBILITY FILE				
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3404927	CUMBERLAND CO M HC	8505	891	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	80	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1229	3767	2538
		8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	8505	694	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	135	DUPLICATE OF CLAIM-SYSTEM	0	872	1980	1108
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	278	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	62	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	20	405	1198	793
		8622	22	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	857	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	475	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1749	2549	800
		21	179	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2476	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	741	DUPLICATE OF CLAIM-SYSTEM	31	4431	7693	3262
		11	449	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONslow COUNTY B EHAVIORAL H	11	156	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	132	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	5	466	1034	568
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404936	WILSON-GREENE M ENTAL HEALT	8505	181	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	22	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	25	237	1822	1585
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	1275	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	199	DUPLICATE OF CLAIM-SYSTEM	1	1541	2095	554
		8800	62	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404938	VGFW DBA RIVERS TONE COUNSE	8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	31	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	19	121	3310	3189
		8622	25	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	2529	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	913	DUPLICATE OF CLAIM-SYSTEM	2	4381	5966	1585
		8599	429	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	21	1841	DUPLICATE OF CLAIM-SYSTEM				
		8599	1378	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	62	3529	5314	1785
		537	93	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	1348	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	33	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	1395	1899	504
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	191	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	52	DUPLICATE OF CLAIM-SYSTEM	48	476	3473	2996
		5404	44	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404944	EASTPOINTE HUMA N SERVICES	8505	5400	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			CLAIMS PAID
		8622	67	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	44	5609	7129 1520
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404946	FOOTHILLS AREAM ENTAL HEALT	8518	20945	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY			
		21	5181	DUPLICATE OF CLAIM-SYSTEM	369	31146	41777 10631
		8599	1657	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404957	TIDELAND MENTAL HEALTH CTR	8505	1857	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	80	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	63	2111	2468 357
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	5114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		5404	803	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	24	6753	11394 4641
		8800	423	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			